

No. <b>C 174500</b>		<b>Due no later than Aug 31, 2011</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		MERCY MEDICAL CENTER FOUNDATION, INC. ALISHA H HAVENS 1512 12TH AVE RD NAMPA ID 83686 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ALISHA HAVENS	1512 12TH AVE.	NAMPA	ID	USA	83686	
PRESIDENT	KARL KEELER	1512 12TH AVE. RD.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 174500</b>		Signature: Alisha Havens		Date: 07/04/2011			
		Name (type or print): Alisha Havens		Title: Exec. Dir. of Foundation			
Processed 07/04/2011		* Electronically provided signatures are accepted as original signatures.					